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PTO/SB40 (84-0) Approved for use through 103 (2002, OMB 0651-0031 Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a concentral of			
Under the Paperwork Reduction Act of 1995, no persons are requir REQUEST FOR	Application Number	10/736,741	
	Filing Date	December 17, 2003	
CONTINUED EXAMINATION (RCE)	First Named Inventor	ZIPPER, Eliav	
TRANSMITTAL	Group Art Unit	2618	
Subsection (b) of 35 U.S.C. § 132, effective on May 29, 2000, provides for confinued examination of an utility or plant application	Examiner Name	JACKSON, Blane	l.
provides for continued examination of an using or plant appacement filled on or effer June 8, 1995. See The American Inventors Protection Act of 1999 (AIPA)	Attorney Docket Number	P-6114-US	
This is a Request for Confinued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. 2.7 C.R. § 1.114 is deficied on May 2, 700.0 if the above-identified application was fled prior to May 2,000, applicant may with the consider filing a confined procession application (CPA) under 37 C.F.R. § 1.5 of giff**(TOSB29) intend of a RCE to be eligible for the parter term ediplaration provisions of the ARTS. See Changes to begindence Desamption and Provisional Application Provisions of the ARTS. See Changes to begindence Desamption and Provisional Application Provisions of the ARTS. See Changes to begindence Desamption and Provisional Application Provisions (Remind) Rule, 65 Fed. Reg. 50002 (Aug 16, 2000), teerm Rule, 65 Fed. Reg. 14805 (Net 20, 2000), 1235 Off. Gist. Pat. Office 47 (Apr. 11, 20000), which established RCE provisions (Language Configuration Configuratio			
a.			
b. Check in the amount of \$	enclose	-	
c. Payment by credit card (Form PTO-2038 enclosed)			
	ANT, ATTORNEY, OR AGE	n No (Attorney/Agent)	37,912
Name (Print/Type) Caleb Pollack	Registratio	ir raps (Accounter) Agents	0.,0.2

Burden Hour Statement: This form is estimated to take 0.2 hours is complete. They will very departing upon he needs of the Individual state. Any of the complete of the Individual state. Any of the Individual state of the Individual state. Any of the Individual state of the Individual state. Any office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND Fees and Completed Forms to the following address. Assistant Commissioner for Patient, Washington, DC 20231.

Date September 6, 2007

89/07/2007 AUCHDAF1 00000009 503355 10736741 01 FC:1881 790.00 DA